

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL  
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 June 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Public Health Directorate - Health Improvement Strategic Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Dr Ardiana Gjini – Executive Director of Public Health
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanna Dainton, Head of Population Health Improvement and Wellbeing – Public Health

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This 'Health Improvement and Wellbeing Strategic Plan' outlines the actions planned over the next three years as part of the continued development of the health improvement work of the Public Health Directorate, alongside an overview of work to improve the wider determinants of health and promote health equity.

These plans are a key component of the Health Board's work to promote good health and prevent ill health, which will be essential as we face the challenges presented to our care system by rising levels of ill health.

The Committee is asked to take assurance that evidence-based plans aligned to Strategic Objective 4 are in place, which will help to prevent ill health and contribute to the long-term sustainability of service delivery. Going forward, a long term commitment to a focus on prevention and population health will be essential.

**Cefndir / Background**

**Summary:**

The Health Improvement Strategic Plan outlines our work over the next three years towards six key objectives that, with sustained investment, will form the cornerstone of helping more of our residents live healthy, happy lives. This work is part of a wider shift to prevention that will be required if we are to reverse the long-standing increases in ill health, and which pose a significant risk to the future sustainability of our service delivery.

Included in this strategic plan are metrics and outcomes that are key to understanding our progress and informing the shape and scale of our future plans.

The new Health Improvement and Equity Oversight Group, reporting to the Population Health and Oversight Group, will oversee the delivery of this plan and support a joined up, pan-Hywel Dda approach to our future work in health improvement and the wider determinants of health.

Our objectives are as follows:

- Objective 1: Supporting Children and Young People to Live Healthy Lives
- Objective 2: A Smoke-Free Mid and West Wales: Hywel Dda University Health Board (HDdUHB) Tobacco Control Strategy
- Objective 3: Promoting a Healthy Weight
- Objective 4: Reducing the Harm Caused by Drug and Alcohol Use
- Objective 5: Developing Holistic Approaches to Supporting Healthier Lives
- Objective 6: Working in Partnership to Address the Wider Determinants of Health and Improve Health Equity

### **Issues of Significance to the Health Board:**

The Health Board faces the combined challenges of increasing levels of ill health, and an ageing population. Since 2009/10 the number of adults with diabetes in Wales has risen by 40%<sup>1</sup>, it is forecast that 1 in 11 adults will be living with diabetes by 2035/36. In England the number of people living with major illness is projected to increase by more than a third by 2040<sup>2</sup>.

Healthcare need and demand are set to continue to increase, in the context of ongoing financial, staffing and estates challenges.

In order to mitigate against these challenges, a long-term strategic shift to prevention is required to stem increasing levels of ill health and multi-morbidity.

Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors driving the UK's high burden of preventable ill health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities<sup>3</sup>.

The current position of the Health Board is outlined below:

- 17.5% of adults drink more than national guidelines
- 13% of adults smoke
- 29% of children aged 4-5 overweight or obese
- 63% of adults are overweight or obese
- 10 years more life in good health for someone from our wealthiest communities vs the poorest

### **National / Local objectives involved:**

The Strategic Plan supports local delivery against the following national or local strategies and action plans:

- A Healthier Mid and West Wales (AHMWW): Strategic Objective Four: The best Health and Wellbeing for our Communities
- HDdUHB 2024/24 Planning Objective 10: Population Health
- Well-being of Future Generations Act (2015)
- Socioeconomic Duty

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<sup>1</sup> [Diabetes prevalence – trends, risk factors, and 10-year projection - Public Health Wales \(nhs.wales\)](#)

<sup>2</sup> [Health in 2040: Projected patterns of illness in England \(health.org.uk\)](#)

<sup>3</sup> [Addressing the leading risk factors for ill health - The Health Foundation](#)

- Public Service Board Well-being Plans
- Smokefree Wales 2030
- Welsh Government Substance Misuse Delivery Plan
- Healthy Weight: Healthy Wales
- Welsh Government draft Suicide and Self-Harm Prevention Strategy

## Asesiad / Assessment

### **Assessment of the Health Board's current position**

The Health Board currently delivers a range of health improvement activities, both within the Public Health Directorate, and in other areas such as Primary Care and Therapies. This plan unifies the health improvement work of the Public Health Directorate within a single vision, in the context of the wider work being undertaken around the Health Board.

Excellent work is currently being done in a range of areas:

- Smoking cessation – HDdUHB are the only Health Board to achieve the national target of 5% of active smokers engaging with smoking cessation services, and won a national award at the Mental Health and Wellbeing Awards
- Substance use services – Pioneering role out of Naloxone (antidote to opiate overdose) with local police force, alongside mobile community delivery under the 'spike on a bike' model. Development of innovative early help and intervention service.
- Children and young people – Hywel Dda region has the highest percentage of secondary schools engaged and action planning for the Whole School Approach to Emotional and Mental Well-being.

A key aim of the new governance structures for Population Health is to strive for a system wide vision for health improvement and equity, which will provide the foundations for a shared strategic direction and help maximise the population health gains. Over course of this strategic plan we will be developing this unified vision for health improvement to strengthen future planning and delivery.

The new Social Duty Partnership Duty requires all public bodies within scope of the new Duty to seek consensus or compromise with their recognised trade unions or (where there is no recognised trade union) other staff representatives, when setting and delivering their organisations' well-being objectives under the Well-being of Future Generations (Wales) Act 2015. Trade Unions and staff partnership forums have been engaged in line with these requirements.

### **Organisational risks**

The Health Improvement Strategic Plan is a key component of the shift to prevention that is required across the Health Board. Failure to deliver preventative interventions at sufficient scale will mean a larger burden on ill health and subsequent demand on services in the future. It will also result in a less healthy workforce with direct impact on staffing for the Health Board, and indirect impacts on the regional economy.

### **Evidence base to help inform decision making**

The Strategic Plan covers a wide range of evidence-based, health improvement activities, a number of which are either recommended or mandated national programmes delivered

according to local needs and priorities. The following resources are available for comprehensive overview of each domain:

- Investing in children and young people key component of reducing health inequalities and working on wider determinants of health – Fair Society, Healthy Lives (Marmot Review)
- Importance of multi-component tobacco control programmes in preventing tobacco-related morbidity and mortality – World Health Organisation (WHO) Framework on Tobacco Control
- Importance of multi-component substance use programmes in preventing drug-related morbidity and mortality, and wider community impacts – Independent Review of Drugs by Professor Dame Carol Black
- Evidence for multi-component programmes to reduce harms from alcohol - Burton R et al. A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. Lancet. 2017.
- Emerging evidence for a ‘Whole Systems Approach to Health Weight’ – National Institute for Health and Care Research (NIHR) Embracing system-wide approaches to support healthy weight
- Rising burden of ill health facing UK: Health in 2040: Projected Patterns of Illness in England (Health Foundation)
- The evidence and context for suicide prevention programmes is summarised in the current consultation document for the Welsh Suicide Prevention Strategy

#### Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to:

- **APPROVE** the Health Improvement & Wellbeing Strategic Plan 2024 - 2026
- **RECEIVE ASSURANCE** that plans are in place for the delivery of health improvement priorities related to 2024-25 Planning Objective 10: Population Health, and any relevant successor annual planning objectives for 2025-26, and 2026-27, in order to support the long-term achievement of Strategic Objective 4 (The best health and wellbeing for our individuals, families and communities).

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.1 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (*The best health and wellbeing for our individuals, families and our communities*) and 5 (*Safe, sustainable, accessible and kind care*), in accordance with the Board approved timescales, as set out in HDdUHB’s Annual Plan.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:  
Datix Risk Register Reference and Score:

Not applicable

Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Effective 4. Efficient 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	7a Population Health
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>Investing in children and young people key component of reducing health inequalities and working on wider determinants of health – <a href="#">Fair Society, Healthy Lives (Marmot Review)</a></li> <li>Importance of multi-component tobacco control programmes in preventing tobacco-related morbidity and mortality – <a href="#">WHO Framework on Tobacco Control</a></li> <li>Importance of multi-component substance use programmes in preventing drug-related morbidity and mortality, and wider community impacts – <a href="#">Independent review of drugs by Professor Dame Carol Black</a></li> <li>Evidence for multi-component programmes to reduce harms from alcohol - <a href="#">Burton R et al. A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. Lancet. 2017.</a></li> <li>Emerging evidence for a 'Whole Systems Approach to Health Weight' – <a href="#">NIHR Embracing system-wide approaches to support healthy weight</a></li> <li>Rising burden of ill health facing UK: <a href="#">Health in 2040: Projected Patterns of Illness in England (Health Foundation)</a></li> </ul>

Rhestr Termiau: Glossary of Terms:	Health Improvement:
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	N/a

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	All work delivered from existing budgets. Failure to deliver preventative approaches at sufficient scale would pose a long-term threat to financial position of the Health Board
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The plan contains actions to improve direct patient care including smoking cessation and wellbeing services and alcohol and drug services in order to meet national Welsh Government targets, reduce prevalence and improve population health and patient outcomes in these areas.
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable

<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	<a href="#">Equality Impact Assessment</a>



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# HYWEL DDA UNIVERSITY HEALTH BOARD

## HEALTH IMPROVEMENT STRATEGIC PLAN

2024/25 – 2026/27

## Executive Summary

Our Health Improvement and Wellbeing Strategic Plan outlines our priorities over the next three years towards our six key objectives that, with sustained investment, will form the cornerstone of helping more of our residents live healthy, happy lives. This work is part of a wider shift to prevention that will be required if we are to reverse the long-standing increases in ill health, and which pose a significant risk to the future sustainability of our service delivery.

The strategic plan aligns to the delivery of the Strategic objective of our Hywel Dda University Health Board (HDdUHB) Long Term Strategy, A Healthier Mid and West Wales, “The Best Health and Wellbeing for our Communities”. The overall aim of this Strategic Plan is to improve the health and wellbeing of the people we serve by supporting and enabling individuals and communities to address the causes of ill-health and adopt healthier lifestyles.

Included in this strategic plan are metrics and outcomes that are key to understanding our progress and informing the shape and scale of future plans.

The new Health Improvement and Equity Oversight Group will oversee the delivery of this plan and support a joined up, pan-Hywel Dda approach to our future work in health improvement and the wider determinants of health.

Our key objectives are as follows:

- Objective 1: Supporting Children and Young People to Live Healthy Lives
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## Introduction

This Strategic Plan gives an overview of the work being undertaken in the Public Health Directorate to improve the health and well-being of our residents over the next three years. Public health practice comprises three domains, these are, Health Improvement, Health Protection and Healthcare Public Health. An underlying function that is fundamental to all domains is Public Health knowledge and intelligence. While there is some overlap between each of these domains this Strategic Plan will focus on health improvement.

The work covered by the Plan is at the heart of the shift to prevention that will be required to stem the continuing rise in preventable chronic disease. This is essential, long-term work that will not only help more of our residents live healthy lives but will reduce the impact that ill health has on our communities, and the increasing demand we are seeing on our health and care system.

By working to prevent people becoming unwell in the first place, and placing a focus on those communities most likely to suffer from ill health we will reduce the unfair, unequal population health outcomes that we see across our region. Our residents living in our most economically deprived areas have on average 10 fewer years of good health than our least deprived residents – it is essential that we work to narrow this gap.

### A Healthier Mid and West Wales

Our Plan is key to the long-term vision outlined in the Hywel Dda University Health Board's long-term strategy A Healthier Mid and West Wales, feeding directly into Strategic Objective 4: The Best Health and Wellbeing for our Communities.

Within the Plan we outline the actions we will be taking to tackle the key preventable drivers of ill health in our communities, with action on tobacco, drugs and alcohol, and healthy weight. We also outline how we will work with local partners, including through the Public Service Boards, to improve the wider determinants of health, including poverty and housing; elements of people's lives which ultimately underly many of the health issues we see. This work connects strongly with the Social Model for Health and Wellbeing, the Health Board's vision for working more closely with communities to improve health.

For 2024/25 this work forms part of the Health Board's Planning Objective 10: Population Health, and is part of the wider shift to prevention that the health and care system needs to make to tackle growing demands on services.

## What is health improvement?

Health Improvement describes our work to improve the health and well-being of individuals and communities through enabling and encouraging healthy choices, and providing tailored support to help people live healthy lives.

The diseases underlying much of the increasing burden on our services have common key preventable drivers: unhealthy diets, physical inactivity, smoking, excess alcohol intake, and poor

mental resilience. It is estimated that 40% of the burden on our health services may be preventable through action on the determinants of avoidable chronic conditions.<sup>1</sup>

Our plan includes six objectives covering key health improvement domains, alongside an overview of our plans to work upstream and in partnership to change the wider determinants of health and improve health equity. While individualised approaches are an important component of our preventative work, without long-term work to improve the wider determinants of health we will continue to see significantly inequitable outcomes.

- Objective 1: Supporting Children and Young People to Live Healthy Lives
- Objective 2: A Smoke-Free Mid and West Wales: HDdUHB Tobacco Control Strategy
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### Why this plan?

The different health improvement workstreams in this plan come together to comprehensively cover many of the key causes of ill health in our communities. Publishing our plans sets out our intent for the next three years, giving an overview of the key work planned in each area, each of which contributes to the overarching vision of A Healthier Mid and West Wales.

Alongside much of the work highlighted in this document lie more detailed long-term action plans for specific topic areas (eg tobacco); where these are in place, they are linked to in the document.

Other areas are earlier on in their journey; we want to be doing more to improve the wider determinants of our health and we will be using the next two years to deepen our understanding of where we can have the most impact and develop a systematic approach across the Health Board, co-ordinated by the new Health Improvement and Equity Oversight Group.

In parallel we will be progressing the development of a Social Model for Health and Well-being, an ambitious plan for a long-term shift in how we think about and deliver health and care with communities.

### Principles

Our work towards our vision is guided by a set of core principles:

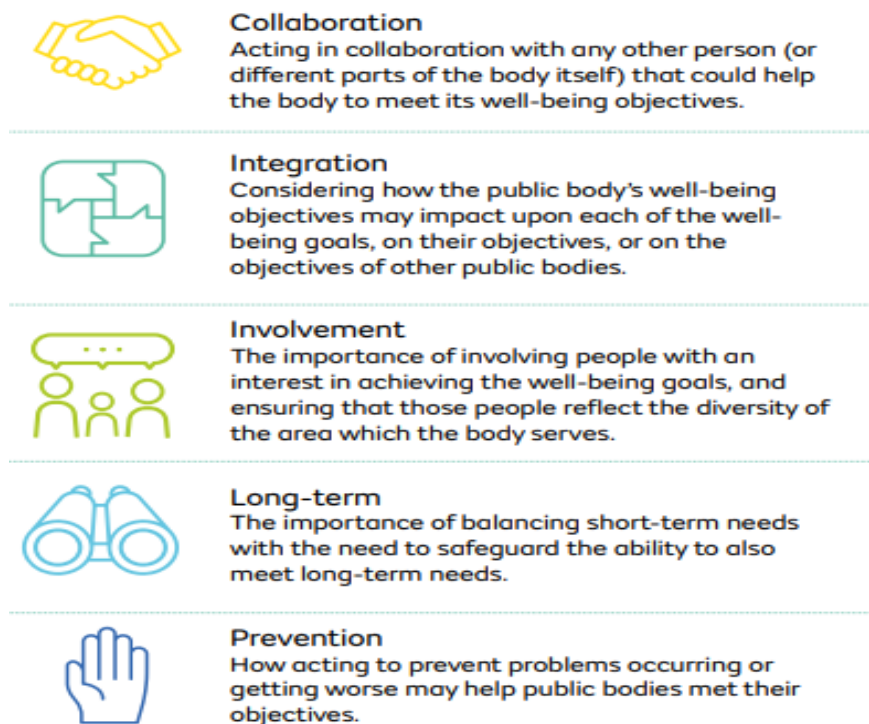
- **Working towards health equity:** Key to everything we do is striving to reduce the unfair inequalities in health that we see in our region – ensuring that we give those with greater need the extra support to help achieve equitable health outcomes.
- **Prioritising prevention:** While we recognise that some people need support to deal with issues in the here and now, where we can, we will work to prevent people needing support by focusing on upstream issues.
- **Empowering people:** We will work with people and communities to understand their health priorities and work to give people greater individual and collective control over their health.

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<sup>1</sup> Parliamentary briefing (2017) Public health and prevention: [House of Lords - The Long-term Sustainability of the NHS and Adult Social Care - Select Committee on the Long-term Sustainability of the NHS \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/select-committees-on-the-long-term-sustainability-of-the-nhs/)

- **Working in partnership:** We will work together with communities, and our regional partners to ensure that we understand needs, get the best use of shared resources, and design our work informed by all stakeholders.

These principles are in line with the Five Ways of Working of the Future Generations Act that public bodies in Wales are required to follow (Figure 1):



## Working in Partnership

As health is not just health care, working with our partners is incredibly important to us – these plans have been developed through our collaborations with a range of organisations and local, regional, and national forums. Our regional partnership working is especially important, and we will be developing stronger links over the duration of this plan to ensure we maximise the benefits of collaboration and cooperation for the health of our communities.

### Our key partnerships

- Public Service Boards (Pembrokeshire, Ceredigion, Carmarthenshire)
- Dyfed Area Planning Board for Substance Misuse
- West Wales Regional Partnership Board
- Colleagues across the Directorates of Hywel Dda University Health Board
- Public Health Wales

## Governance

The delivery of this plan will be overseen by Health Improvement and Equity Oversight Group, reporting to the Population Health and Equity Oversight Group, chaired by the Executive Director of Public Health.

A range of local groups are evolving and some already established that will be contributing to the oversight or delivery of the work contained in this plan, all of which either collaborate with, or report to the Health Improvement and Equity Oversight Group.

These include:

- Hywel Dda Tobacco Control Group
- Dyfed Area Planning Board
- Suicide and Self-harm Prevention Group (previously Talk to Me 2)
- Social Model for Health and Well-being Steering Group
- The Children and Young People's Working Group

## Strategic Context

Our Health Improvement and Well-being Strategic Plan does not sit in isolation but is an important part of the Health Board's work towards its long-term vision for A Healthier Mid and West Wales. As part of this plan, we are also working to support the well-being plans of our three Public Service Boards in Carmarthenshire, Ceredigion, and Pembrokeshire.

- A Healthier Mid and West Wales: Strategic Objective 4: The Best Health and Well-being for Our Communities
- The Social Model for Health and Wellbeing
- Well-being of Future Generations Act: A Healthier and More Equal Wales
- Socio-economic duty: ensuring that our plans work towards equitable outcomes for people who suffer from socio-economic disadvantage.
- A Healthier Wales: Our Plan for Health and Social Care 2018: A national plan to bring health and social care services together, so they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

Our work also supports the delivery of the following national strategies or plans:

- Smokefree Wales 2030
- Welsh Government Substance Misuse Delivery Plan
- Healthy Weight: Healthy Wales
- Welsh Government draft Suicide and Self-Harm Prevention Strategy
- Welsh Government draft Mental Health and Wellbeing Strategy (2024- 2034)

## Shifting Health Outcomes and Risk Factors in Hywel Dda

The biggest contributors to ill health in Wales vary by age but show some common themes. Other factors that contribute to the increasing levels of ill health include diets low in fruit, vegetables, whole grains or nuts and seeds, low physical activity, and air pollution. The best available data on the underlying causes of ill health in Wales is from 2016. (table 1)

Table 1: Key causes of death in Wales. Global Burden of Disease Study 2016<sup>2</sup>

Age 15-49	Age 50-69	Age 70+
1. Drug use	1. Smoking	1. High blood pressure
2. Alcohol use	2. Overweight and obesity	2. Smoking
3. Overweight and obesity	3. Alcohol use	3. Overweight and obesity
4. Smoking	4. High blood pressure	4. High blood sugar
5. High blood pressure	5. High cholesterol	5. High cholesterol

Table 2 gives an overview of key measures currently available. Appendix 1 gives a more detailed overview of a range of demographics, risk factors and outcomes for the Hywel Dda population.

The key causes of death and risk factors for poor health outcomes, highlighted above, often require targeted approaches to health improvement which includes identifying and addressing the specific needs and challenges faced by different populations, for example, those with protected characteristics, inclusion health groups and those living in our most deprived communities' interventions. In Hywel Dda, health disparities exist in some of our more deprived communities in parts of Llanelli, Pembroke Dock, and Cardigan. These communities are more likely to have a higher rates of disability and long-term limiting illness as well as a proportion of children and families and higher rates of relative deprivation and poorer quality housing.<sup>3</sup>

In addressing difference in health outcomes, it is important to ensure that all people, regardless of their individual characteristics, social circumstances and where they live have access to quality healthcare services. One way to tackle these issues is by implementing targeted health system interventions in areas that have been identified as having higher rates of health disparity based on the characteristics highlighted above. For example:

- Enhance existing health improvement and prevention programmes to ensure they are delivered in areas of greatest need. For example, deliver smoking cessation services in areas where prevalence is higher than the national average but also to groups where health improvement interventions can reduce harm and improve outcomes (eg those waiting for elective surgery, those with mental ill health).
- Focus on improving partnership working and intersectoral collaboration to ensure a broad understanding of the issues and specific needs and barriers faced by different groups. This will enable healthcare providers, policymakers, and community organisations to develop targeted interventions that address the underlying causes of poor health outcomes.
- Increase the capacity of the healthcare system to meet the needs of diverse populations to improve health equity and reduce inequalities by ensuring prevention is a key part of all clinical pathways, from primary to tertiary prevention.

## Monitoring improvements

This Strategic Plan will have an impact in the short, medium, and long term. Short term, time sensitive activity metrics (where available) will show that we are performing in key areas. If we are

<sup>2</sup> Global Burden of Disease (Public Health Wales Observatory, 2016)

<sup>3</sup> See Hywel Dda UHB Primary Care Xluster Profiles

to be successful rates of key risk factors should fall in the medium term (3-10+ years), leading to long-term shifts in current negative trends for fundamental health morbidity and mortality outcomes. Table 2 shows our outcomes framework.

We are considering how we reflect these metrics in the assurance we provide to the Board.

Table 2: Health Improvement Performance and Outcomes Framework for Hywel Dda<sup>4</sup>

Measure	Metric	Baseline/Target (Welsh comparator)
<p><b>Short-term:</b> <b>Activity metrics</b></p> <p>Reported regularly as part of our performance monitoring these capture key activities that evidence shows are directly linked to a reduction in risk factors and improved health outcomes.</p> <p>Reported Quarterly to Annually</p>	% of adults who smoke attempting to quit smoking via cessation services	Achieve the national target for 5% annually
	Percentage substance misuse (drug or alcohol) service users in the Hywel Dda area completing treatment	Achieve the national target for 76.9% annually
<p><b>Medium-term:</b> <b>Shifts in specific risk factors or outcomes</b></p> <p>As a Health Board we do not have direct control over these, but regular review of these gives an important indication of our direction of travel.</p> <p>Reported annually to triennially, often with significant reporting delays.</p> <p>Shifts achievable in years to decades depending on metric (smoking rates expected to shift sooner than obesity rates, due to relative complexity of underlying issues and available levers)</p>	Percentage of children aged 4-5 who are overweight or obese (CMP, 2022/23)	Maintain or improve on the current figure: 28.9% 2022/23 (24.8%)
	Percentage of adults (16+) with a BMI <sup>3</sup> 25 (overweight or obese)	Maintain or make improvements to current figure: 63% 2022/23 (62.0%)
	Percentage of adults (16+) who smoke	Improve on the current figure: 12.4% 2022/23 (12.4%)
	(Self-reported) Percentage of adults (16+) drinking over guidelines – (+14 units)	Improve on the current figure: 17.5% 2022/23 (17.2%)
	Suicide rate per 100,000 population	See a reduction on the current figure: 13.1 2022/23 (12.6)

<sup>4</sup> Public Health Outcomes Framework. Public Health Wales



<p><b>Long-term: Fundamental health outcomes</b></p> <p>These outcomes are slow to change, and are subject to complex interactions, many of which are outside the direct control of the Health Board. However, they are fundamental to our picture of health as a region. Generally we aim to see improvements on these indicators over-time.</p>	Healthy Life Expectancy at Birth (years)	Current figures: Female: 63.4 years (62.4) Male: 60.9 years (61.5) 2018-2020
	Gap in Healthy Life Expectancy at Birth between Most and Least Deprived (years)	Current figures: Female: 9.3 years (16.9) Male: 11.2 years (13.3) 2018-2020
	Premature deaths from key non-communicable diseases	Current figure: 245.0 per 100,000 population 2020-2022 (311)

## Return on Investment

In addition to contributing to the Health Board’s work to improve health outcomes for our residents, evidence shows that investment in upstream health improvement work also offers positive return on investment. More detailed work to understand how Public Health interventions will yield direct savings to the Health Board is currently underway.

- Every £1 spent for alcohol and drug use and dependence saves £3-£4 from reduced demands on health, prison, and emergency services, increasing to £21-£26 over ten years.<sup>5</sup>
- For every £1 spent on vaccination programmes there is a £14 saving to the NHS and during an outbreak (eg Measles outbreak in Birmingham) for every £1 spent on vaccinations there is a £20 saving to the NHS.
- Every £1 spent on smoking cessation saves £11 in future healthcare costs and health gains.<sup>6</sup>
- Every £1 spent on early years prevention can yield between £1.37 and £9.20 across health, education, social care and other services.<sup>7</sup>

<sup>5</sup> Alcohol and drug prevention, treatment and recovery: why invest? [Public Health England 2018](#)

<sup>6</sup> Action on Smoking and Health (ASH) Written Evidence to Parliamentary Committee [NHS0146 - Evidence on Long-Term Sustainability of the NHS \(parliament.uk\)](#)

<sup>7</sup> What Good Children and Young People’s Public Health Looks Like. ADPH. 2017. [What-Good-Children-and-Young-Peoples-Public-Health-Looks-Like.pdf \(adph.org.uk\)](#)



## Health Improvement Strategic Plan Summary

Objective	Key priorities and actions
Promoting a Healthy Weight	To lead the local implementation of the Healthy Weight:Healthy Wales strategy themes: <ul style="list-style-type: none"> <li>• Healthy people</li> <li>• Healthy settings</li> <li>• Healthy Environments</li> <li>• Leadership and Enabling Change</li> </ul>
Tobacco – Working towards a Smokefree Hywel Dda 2030	A detailed Tobacco Control Plan has been developed around three key themes: <ul style="list-style-type: none"> <li>• Reducing inequalities</li> <li>• Protecting future generations</li> <li>• Taking a whole system approach</li> </ul> <p>This includes work focusing on areas where smoking rates are highest; creating a smokefree generation with preventative work; continued improvements in current smoking-cessation services; collaborating across the region.</p>
Reducing the harms caused by drug and alcohol use	Detailed plans have been produced under six priority areas, and are being progressed via the Dyfed Area Planning Board <ul style="list-style-type: none"> <li>• Prevention and Early Intervention</li> <li>• Harm Reduction</li> <li>• Treatment and Recovery</li> <li>• Crime Reduction and Availability</li> <li>• Complex Needs</li> <li>• Strategic Planning and Partnership</li> </ul>
Partnership working to prevent suicide and self-harm	<ul style="list-style-type: none"> <li>• Regularly update data and best practice to feed into the Hywel Dda Suicide and Self-harm Needs Assessment, notably with cases discussed as part of the Area Planning Board’s drug related death and non-fatal review process.</li> <li>• Support the partners (Mental Health Directorate, Regional Safeguarding Board, Regional Suicide and Self-Harm Prevention Forum, etc) to implement upcoming Welsh Government suicide and self-harm prevention strategy.</li> <li>• Maintain partnership working achieved during cluster response to react in an agile and informed manner to future incidences and ensuring Public Health leadership in future escalations.</li> <li>• Ensure Public Health contribution to the development of a Suicide Review Board and supporting the dissemination of findings, best practice, and learning through Area Planning Board partnership structures.</li> </ul>



	<ul style="list-style-type: none"> <li>• Support the initiation of a Significant Attempt Review Board in line with the rapid response model to ensure less lives are lost, bringing Public Health learning from the drug related death and non-fatal overdose review process.</li> <li>• As part of the Area Planning Board, work with partners to develop appropriate governance structures for suspected suicide and self-harm involving illicit drugs. Contribute a Public Health voice to the co-production of a partnership-wide suicide-prevention communications plan, with monitoring and evaluation framework.</li> </ul>
<p>Developing holistic approaches to supporting healthier lives</p>	<ul style="list-style-type: none"> <li>• Establish a multi-disciplinary group, aligning also with Public Services Boards (PSBs) priorities, to develop an action plan to shift the focus across settings to a preventative approach to ill-health with a holistic focus.</li> <li>• Undertake a mapping exercise of existing interventions and projects across the area.</li> <li>• Continue to review the evidence base, best practice, and national strategies, identifying gaps or duplication in local provision to inform future work programmes.</li> <li>• Consider the training needs of the health and social care workforce on the latest evidence around the pillars of health and behavioural change science and their impact on the chronic disease burden.</li> <li>• Use Health Economic, Value-based Health Care and Return on Investment (ROI) measures to better demonstrate the short, medium, and long-term impact of this workstream on future disease and demand burden.</li> </ul>
<p>Supporting Children and Young People to live healthy lives</p>	<p>Working across the life course, through maternity and early years to school leavers:</p> <ul style="list-style-type: none"> <li>• Developing a Best Start in Life <i>Making Every Contact Count</i> approach.</li> <li>• Implementing the Healthy and Sustainable Pre-School Scheme.</li> <li>• Working with primary and secondary schools and alternative education providers to develop whole school approaches to health promotion and mental well-being.</li> <li>• Strengthening regional co-ordination to improve outcomes for children and young people.</li> </ul>
<p>Health equity and the wider determinants</p>	<ul style="list-style-type: none"> <li>• Develop a Health Board wide approach to improving health equity with clear governance and an agreed equity framework.</li> <li>• Work to reduce inequalities in health by inputting in local, PSB, poverty-prevention partnership groups.</li> <li>• Provide evidence-based Public Health support to the RPB, PSBs and delivery groups to ensure well-being plan objectives are developed into actions to reduce health inequalities and address the wider determinants of health.</li> <li>• To embed the ethos of the 'Social Model for Health and Well-being' (SMfHWP) throughout the Health Board and within partnership programmes focusing on Employee Volunteer Scheme.</li> <li>• To progress the Social Model for Health and Wellbeing across the system by holding an engagement summit.</li> <li>• To work with Health and Social Care providers, such as <i>Care and Repair</i> to identify Public Health interventions in housing such as the Warm Homes NEST project and links between agencies to assist those most in need and vulnerable.</li> </ul>

## Objective 1: Supporting Children and Young People to Live Healthy Lives

A healthy, happy childhood is the best foundation for a long, healthy and happy life. There are a wide range of evidence-based interventions to help increase the chances of a healthy childhood that underpins a healthy adult life, starting from before conception all the way through to transitioning into life as an independent adult.

The Marmot review, Fair Society, Healthy Lives, demonstrated the importance of investing in children and young people to improve health outcomes throughout the lifecourse and reduce health inequalities. Giving children and young people the best start in life will be essential to the long-term health of our communities, and to reducing the long-term rising trends of ill health that we currently see.

Child health is not just the responsibility of Health Boards, and it is essential that we work in partnership with our colleagues in schools, local government, voluntary sector organisations and beyond to ensure all parts of our system are pulling in the same direction to improve child health.

Our vision is for Hywel Dda University Health Board to play a key role in supporting families, children and young people to have healthy, happy childhood and successfully make the transition into healthy adults.

### Child health in Hywel Dda

Data on the health of children and young people is often not collected at a local level, or in a timely fashion, so it is difficult to build a rich picture of child health in Mid and West Wales. Available data includes:

- 29% of children aged 4 to 5 are overweight or obese<sup>8</sup>. (This rises to 30% in our poorest communities versus 28% in our most affluent).
- 79% of children reported good life satisfaction in 2021, with scores reducing since 2017<sup>9</sup>
- Almost a third of children in Hywel Dda live in poverty<sup>10</sup>

### Our priorities over the next three years:

<p>Maternity and Early Years</p>	<ul style="list-style-type: none"> <li>• Re-establishing early years leads network to improve service integration.</li> <li>• Collaborating with health visiting and school nursing to strengthen transitions prior to school entry.</li> <li>• Developing a Best Start in Life <i>Making Every Contact Count</i> approach.</li> <li>• Support Healthy Weight from a young age by working with partners across ante-natal food and nutrition programmes for parents and carers.</li> </ul>
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<sup>8</sup> Child Measurement Programme, 2022/23 <https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2022-23/1-cmp-report-2022-2023/>

<sup>9</sup> School Health Research Network 2021 (difficult to account for impact of Covid, awaiting up to date data)

<sup>10</sup> End Poverty Coalition local child poverty rates after housing costs: [Child Poverty Statistics - End Child Poverty](#)



<p>Working with pre-schools</p>	<p>Through the Healthy and Sustainable Pre-School Scheme (HSPSS) our Pre-school Practitioners in each Hywel Dda county support our settings across individual health topics, including nutrition and oral health, physical activity, mental well-being, and workplace health.</p> <ul style="list-style-type: none"> <li>• Implement the HSPSS and increase the number of health aspects achieved by pre-school settings by 10% each year.</li> <li>• Supporting childcare settings across the region to achieve the Nutritional Skills for Life 'Gold Standard Healthy Snack Award' Gold snack award, taking a whole system approach to healthy weight.</li> <li>• Working in partnership with immunisation and vaccination teams to identify and target childcare settings with lower vaccination rates to increase vaccination uptake.</li> </ul>
<p>Working with primary and secondary schools, alongside alternative education provision</p>	<p>Delivering the new Welsh Network of Health &amp; Wellbeing Promoting Schools (WNHWPS) and the Whole School Approach to Emotional and Mental Well-being (WSAEMW) programmes.</p> <ul style="list-style-type: none"> <li>• Provide support to 100% of schools to embed Welsh Government's statutory guidance and supporting them with expert guidance around WSAEMWB.</li> <li>• Provide a universal offer of support to 100% of schools across Hywel Dda to support them in shaping a health promoting environment.</li> <li>• We will work with schools to effectively self-evaluate against a set of newly developed national minimum standards to embed a whole school approach to health and wellbeing.</li> <li>• Embed positive action around the whole school approach to emotional health and mental well-being, and promote healthy lifestyle behaviours across the school community.</li> <li>• Work closely with schools to reduce unhealthy weight of our children and young people by providing expert thematic guidance across the whole school's approach to food and nutrition, and physical activity.</li> </ul>
<p>Wider support to Schools</p>	<ul style="list-style-type: none"> <li>• Working with schools to provide workforce development support for Trauma Informed Approaches, Youth Mental Health First Aid, and bitesize staff-well-being sessions.</li> <li>• Continuing to work collaboratively with a range of partners including school immunisation and vaccination teams, school nursing and Community Focused Schools to enhance delivery of our shared outcomes.</li> </ul>
<p>Working for regional co-ordination to improve outcomes for children and young people</p>	<p>A key part of our work over the next year will be supporting the re-establishment of the Regional Partnership Board's Children and Young People's Board, this will enable a shared understanding of the needs of children and young people in Hywel Dda and strengthen co-ordination in the planning and execution of work to improve their health and well-being.</p>

## Objective 2: A Smoke-Free Mid and West Wales: HDUHB Tobacco Control Strategy

Smoking is the leading cause of preventable ill health and premature death in Wales and a major cause of inequitable health outcomes. Every year around 5,000 people in Wales die from smoking related conditions such as cancer and heart disease, with many more living with debilitating smoking-related illnesses such as emphysema and chronic obstructive pulmonary disease.

Around one in six (16%) of all hospital admissions for respiratory diseases are estimated to be related to smoking, 8% of all admissions for cancers and 7% of admissions for cardiovascular diseases.<sup>11</sup>

Approximately 13% of people in Wales are smokers. Smoking prevalence in Hywel Dda has decreased significantly in the last two decades from 26% in 2003-05 to 17% in 2018-19 and to 12.5% in 2023. In 2023 HDdUHB was the only area in Wales to reach the Welsh Government target of 5% of the population accessing smoking cessation services.<sup>12</sup>

Despite these significant improvements tobacco remains a key component of the deep-rooted health inequalities that we see in HDdUHB. Those in our most deprived communities are more likely to smoke. Mortality from smoking is twice as high among those living in the most deprived areas compared to those living in the least deprived, as are hospital admissions. Addressing the inequalities gap will be the focus of future activity as we develop and test treatment models for those with long-term illness and communities with the highest levels of smoking.

### Our vision to achieve a smoke free Hywel Dda by 2030

Our vision is to reduce smoking prevalence to 5% by 2030. The actions in this Strategy set out how we plan to do this. Our local strategic priorities are in line with the overarching aims of the national Welsh Government Tobacco Control Strategy: A Smoke -free Wales (2022), which outlines three key themes of reducing inequalities, protecting future generations and taking a whole system approach. Our local priorities are therefore organised around these key themes and detail our planned actions to achieve these priorities in line with the available evidence base.

### Our Local Priorities:

We will focus on three key areas of reducing inequalities, taking a system wide approach and protecting future generations and our local work will be centred around five local priorities, as follows:

Reducing Inequalities	<p>Local Priority 1: Health Inequalities</p> <p>To tackle the ingrained health inequalities associated with smoking through focusing on key groups within Hywel Dda:</p> <ul style="list-style-type: none"> <li>• Where rates of smoking are the highest</li> <li>• Who have the highest risk of taking up smoking</li> </ul>
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<sup>11</sup> [NHS England » Hospital admissions due to smoking up nearly 5% last year, NHS data shows](#)

<sup>12</sup> Public Health Wales Outcomes Framework

	<ul style="list-style-type: none"> <li>Who feel the health impact of smoking the most</li> </ul> <p>We will work in collaboration with these priority groups, taking a community led approach to tobacco control</p>
Protecting future generations	<p>Local Priority 2: Prevention</p> <p>We will aim to support a Smoke Free generation by increasing our efforts to prevent the uptake of smoking in children and young people.</p>
	<p>Local Priority 3: Smoke Free Environments</p> <p>Everyone deserves to live in a healthy, smoke free environment. We will make smoke-free the norm.</p>
A System Wide Approach	<p>Local Priority 4: Smoking Cessation and Well-being</p> <p>We will support more smokers to quit through continued delivery of evidence-based support and further develop innovative, targeted smoking cessation services.</p>
	<p>Local Priority 5: Partnership, Collaboration and Outcome Focused</p> <p>We will work in collaboration with our partners to develop and deliver our vision of a Smoke Free HDdUHB by 2030 and ensure an evidence- and outcome-based approach.</p>

A full copy of our HDdUHB Tobacco Control Plan, detailing the planned actions and intended outcomes and impact under each of these five priority areas can be found here:

**QR code & Hyper link will be inserted in the published document**

## Objective 3: Promoting a Healthy Weight

The rising rate of overweight and obesity is one of the key challenges to the health and care system, and at the heart of the shift to prevention.

We are working together across our region to ensure that regardless of age, background or circumstances, everyone across Hywel Dda has the means, opportunities and support to be a healthy weight. We will achieve this through collective action, maximising assets to the benefit of individuals, the climate and sustainability.

Maintaining a healthy weight has many benefits, including improved quality of life and a reduced risk of health conditions including heart disease, stroke, type 2 diabetes, liver disease and some cancers. However, the majority of adults and one in four children across Hywel Dda are above a healthy weight.

Balancing energy intake from food and drinks with the energy burnt off through daily activities is key to maintaining a healthy weight, but that balance is influenced by a complex interaction of biological, psychological, social and environmental factors.

Whilst everyone may experience challenges to maintaining a healthy weight some people face significant barriers to accessing affordable, healthy food and to being active. In recent years, those in our poorest communities have seen the most significant increases in excess weight, leading to a widening gap between the richest and poorest parts of society.

### The Approach

There are a range of other programmes helping people achieve a healthy weight across the Health Board. These include level two and three weight management services to support individuals losing weight, alongside the Foodwise for Life programme and the National Exercise Referral Scheme (NERS).

Social prescribing, health coaching and Making Every Contact Count programmes also support the healthy weight agenda.

Our approach, in reflecting the key themes of the Healthy Weight: Healthy Wales Strategy, includes a wider focus on food and physical activity programmes within our communities and how they can influence and support healthy weight.

Healthy Weight: Healthy Wales promotes a Whole Systems Approach (WSA) to healthy weight, recognising that the root causes of the issue are complex, including education, fair work, access to money and resources that affect our ability to purchase, prepare and eat good food and to be active.

We need to work across a number of areas to create a local environment that supports healthy weight as the norm. No single organisation can tackle this alone. We need to work together in an integrated way to bring about sustainable, long-term system change, focussed on creating the conditions which promote healthy weight in the context of improved health and well-being.

## Action to date

A comprehensive Weight Management pathway is in place within the Health Board with on-going review and monitoring in place. An Implementation Plan is being developed which includes identifying and supporting increasing opportunities to access weight management services.

Welsh Government funding has enabled the development of a small, regional Whole Systems Approach (WSA) to a Healthy Weight team working across Swansea Bay and Hywel Dda University Health Boards. The work of the team to date has involved bringing local partners and stakeholders together in a series of workshops to build a shared understanding of the drivers of excess weight locally and the reality of the challenges it poses; to look at the system as a whole, particularly the interconnections within it. The next steps will be to identify opportunities for change; for strategy and policy alignment and for collaborative action to build a local environment that is conducive to healthy weight. This is supported by wider work to improve healthy food options in specific settings such as hospitals, workplaces and schools and continued engagement in food partnerships and other activity related programmes by the Public Health Directorate.

## Our priorities over the next three years:

<p>To lead the local implementation of the Healthy Weight: Healthy Wales strategy themes:</p> <ul style="list-style-type: none"> <li>• Healthy people</li> <li>• Healthy settings</li> <li>• Healthy Environments</li> <li>• Leadership and Enabling Change</li> </ul>	<p><b>Healthy People:</b> Implementation of the Health Board's Weight Management Pathway to include on-going review and service changes within agreed priorities for action (In line with the <b>All-Wales Weight Management Pathways</b>, one for adults and another for Children, Young People and Families)</p>
	<p><b>Healthy Settings:</b> Ensuring our settings – the places which we interact with such as schools and workplaces, offer healthy food choices and opportunities to access and benefit from 'healthy active places'</p>
	<p><b>Healthy Environments:</b> Strengthening relationships with local food and activity forums to promote equitable and accessible environments that contribute to healthy weight</p>
	<p><b>Leadership and Enabling Change:</b> In conjunction with Public Services Board partners continue to implement the <b>Whole Systems Approach to Healthy Weight:</b></p> <ul style="list-style-type: none"> <li>• On-going engagement and dissemination of the findings of the initial healthy weight mapping workshops</li> <li>• Identification of areas of focus and agreement of system priorities for future collaborative action.</li> </ul>



## To promote a healthy weight we need to take collective action, across a number of areas



## Objective 4: Reducing the Harm Caused by Drug and Alcohol Use

Drug and alcohol use can cause serious harm to individuals, families and communities. Tackling the causes and effects of drug and alcohol misuse is complex and requires a multi-agency approach across organisations and partnership structures.

Our vision is to ensure that individuals, families and communities across Hywel Dda are protected from the harms of drugs and alcohol and equipped to make positive choices; and strengthen their resilience to prevent and reduce drug and alcohol related harm; and fulfil their potential.

### Harms of drug and alcohol use

Alcohol use is a major preventable Public Health concern. 45% of men and 34% of women report drinking above the recommended guidelines and alcohol is the cause of around 1,500 deaths a year, on top of a cost of more than £1 billion of harm to society. In 2021/22 in Wales 4,849 hospital admissions related to illicit drugs and 13,815 admissions were directly related to alcohol.<sup>13</sup>

Alcohol related deaths are higher in the most deprived areas of Wales. Growing up in families where alcohol or substance misuse is a problem can have negative impacts which persist long into adulthood.

In the 2019 Global Burden of Disease study for Wales, misuse of drugs was within the top ten risk factors contributing to premature mortality and ill health. The use of illicit or prescription-drugs carries many serious health risks, including cardiovascular and respiratory disease, and may lead to overdose.

### In Hywel Dda

17.5% of adults drink above the recommended guidelines (Wales 17.2%)<sup>14</sup>

42.6% of adolescents report using alcohol, (Wales 40.2%)<sup>15</sup>

There were 16 drug related deaths in Hywel Dda in 2022

2526 people were referred to our Substance Misuse Treatment Services

### Co-ordinating action

Action to reduce harms from drug and alcohol use is led through the Area Planning Board (APB) for Substance Misuse, a multi-agency partnership, co-terminus with the Hywel Dda region, comprised of key public sector organisations (Health Boards, Local Authorities, Police, Probation and Fire Authorities) who have a statutory duty to ensure there is a plan in place to address drug and alcohol related harm. Membership also includes other key stakeholders such as the third sector and local businesses.

The APB is directly accountable to Welsh Government and local plans must demonstrate action to implement the national drug and alcohol misuse delivery plan “Working Together to Reduce Harm”.

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<sup>13</sup> [phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/](https://phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/)

<sup>14</sup> Public Health Wales

<sup>15</sup> Public Health Outcomes Framework

The Hywel Dda Drug and Alcohol Strategic Plan covers alcohol, all illicit drugs and new and emerging drugs. It also includes action to tackle the misuse of over the counter and prescribed medication. Poly-drug use (using more than one substance at a time) is of increasing concern with combined alcohol, illicit drugs and prescribed medication a key risk in fatal overdoses.

Our Strategic Plan for drugs and alcohol includes six priority areas, with actions plans for each area:

Priority area	Key actions
<b>Prevention and Early Intervention</b>	<ul style="list-style-type: none"> <li>Expand and develop the Early Intervention and Prevention Service to provide psychological support to children and young people aged 18 at risk of substance use, criminality and other risk-taking behaviours that may impact.</li> <li>Work with primary care and further roll out of the screening and early intervention project across primary care clusters using a health coach approach.</li> </ul>
<b>Harm Reduction</b>	<ul style="list-style-type: none"> <li>Establish an alcohol related death review process in line with the drug related death board.</li> <li>To increase access to and the amount of Bloodborne Virus (BBV) testing taking place to support the eradication of Hepatitis C</li> <li>To address the growing issue of Image and Performance Enhancing Substance and Selective Androgen Receptor Modulators across West Wales</li> <li>Continued expansion of community Naloxone provision (the antidote to opiate overdose)</li> </ul>
<b>Treatment and Recovery</b>	<ul style="list-style-type: none"> <li>Recommission Tier 2 substance misuse service in line with agreed timescales.</li> <li>Develop a Children and Young People’s Co-occurring Mental Health and Substance Misuse Framework.</li> <li>Expand the adult Co-occurring Mental Health and Substance Misuse Framework to include the justice system, health, and homelessness.</li> </ul>
<b>Crime Reduction and Availability</b>	<ul style="list-style-type: none"> <li>To develop a shared outcome and performance dashboard across criminal justice and generic services</li> <li>To continue to contribute to action to tackle Serious Violence and Organised Crime, County Lines and other drugs and alcohol related crime and harms through partnership working</li> </ul>
<b>Complex Needs</b>	<ul style="list-style-type: none"> <li>Establishment of a virtual Multi-Disciplinary Case Review team to lead on the complex needs agenda across housing, mental health, and substance misuse.</li> <li>Recruitment and appointment of a Complex Needs Project Manager.</li> <li>Develop protocols with social housing and private sector landlords to help identify tenants who may need substance misuse services.</li> </ul>
<b>Strategic Planning and Partnership</b>	<ul style="list-style-type: none"> <li>Continue to develop strong involvement of people with lived experience, service users and the public in strategic planning, design and delivery of services and interventions.</li> <li>Ensure partnership structures and relationships between Area Planning Board for Drug and Alcohol Misuse, Regional Partnership Boards and Public Service Boards are well-aligned, co-ordinated and consistent.</li> </ul>

## Objective 5: Developing Holistic Approaches to Supporting Healthier Lives

Alongside our focused work to support people with substance and alcohol use, and smoking cessation services we are developing a more holistic, multi-disciplinary, multi-system approach focused on helping individuals to manage their own health and well-being through a focus on the foundations of good health, including:

- Mental Well-being and Stress Management
- Healthy Eating
- Physical Activity
- Social Connections
- Sleep
- Minimising harmful substance use and behaviours (alcohol, tobacco, drugs)

Our vision within Hywel Dda is to improve well-being and reduce the burden of disease and demand on our Health and Social Care provision through supporting people to live healthier lives with a focus on these foundations of health.

### Approach

Our approach will focus on action to promote public health and effectively support behaviour change using behavioural science to equip people with the skills to make changes they want to make. It will do this with a lens on the pillars of health, while acknowledging the need for action on the socioeconomic determinants and wider determinants of health as outlined under Objective 6 of the plan on page 26.

This workstream will take an evidence based, person centred, value based and supported self-care approach to influencing individual health and well-being. This means putting people, families and communities at the heart of health, care and well-being.

Our holistic approach focuses on asking individuals what is important to them about health in order to support their autonomy and self-efficacy.

Techniques used include shared decision making, goal setting and supported self-management via a health coach approach. People are more likely to make sustained behaviour change if this approach is used. The key components are as follows:



Principles	Techniques	Delivery
<ul style="list-style-type: none"> <li>• Person centred care</li> <li>• Value based care</li> <li>• Supported self-care</li> </ul>	<ul style="list-style-type: none"> <li>• Motivational Interviewing</li> <li>• Cognitive Behavioural Therapy</li> <li>• Health Coaching</li> <li>• Brief Interventions</li> <li>• Goal Setting</li> <li>• Activity Prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Preventative Health care – whole population, targeted at risk groups – pre-primary and primary care, community settings</li> <li>• Patient Activation Measures and lifestyle screening tools in primary, community and secondary care settings</li> <li>• Social Prescribing</li> <li>• Group health coaching / consultations</li> </ul>

#### Planned Actions:

- Establish a multi-disciplinary group to focus on developing an action plan to shift the focus across settings to a preventative approach to health with a holistic focus.
- Undertake a mapping exercise of existing interventions and projects focused on improving individual well-being through one or more of the pillars of health across settings. The mapping will include funding source, capacity and intended outcomes.
- Continue to review the evidence base, best practice and national strategies, identifying gaps or duplication in local provision to inform future work programmes.
- Consider the training needs of the health and social care workforce on the latest evidence around the pillars of health and behavioural change science and their impact on the chronic disease burden.
- Explore digital solutions to support the shift to a preventative approach to health care.
- Use Health Economic, Value-based Health Care and Return on Investment (ROI) measures to better demonstrate the short, medium, and long-term impact of this workstream on future disease and demand burden.
- Develop and promote health and well-being interventions as part of the Health Board's 'Waiting Well' and 'Keeping Well' initiatives, linking with existing signposting, Health Coaches and Social Prescribing programmes.
- To increase community capacity by increasing the skills and knowledge of the workforce to provide opportunistic health advice and signposting; 'Making Every Contact Count' (MECC) and embedding principles in professional training programmes for nurses, doctors and other health, social care and other relevant professions

## Objective 6: Working in Partnership to Address the Wider Determinants of Health and Improve Health Equity

A person living in our poorest communities can expect, on average, 10 fewer years of life in good health than a person in our most affluent communities. Across nearly all health outcomes, and at all stages of the life course, people in our least affluent communities are more likely to experience ill health than those in our most affluent – and are more likely to need help from our Health and Care system.

Health inequity – these unfair, unequal outcomes in health – is underpinned by the conditions in which people are born, grow, live, work and age. The broad social and economic circumstances which together influence the quality of the health of the population are known as the ‘social determinants of health’ (figure 1).

**The social determinants of health**



Diagram courtesy of the Institute for Future Studies, Stockholm

© The Institute of Future Studies, Stockholm

Risk factors for ill health such as smoking, obesity and higher levels of alcohol consumption, are more prevalent in areas of high deprivation as well as for some specific groups of people such as those with mental health conditions, people in places of detention, or people with protected characteristics. Our rural communities are often isolated from social and health support, more likely to be living in older houses and have poorer access to transport links.

All of these factors contribute to our health and require action at the level of the wider environment and determinants of health, as well as supporting individuals. Without work in partnership to address the challenges associated with poverty, environmental factors, poor housing, and social isolation, many people are unlikely to be able to benefit from individually targeted services, and we risk widening health inequalities.

## Context

Working upstream to improve those wider determinants of health will be an essential component of long-term preventative work to stem increasing rates of ill health. This will be key to our work towards the aims of the Well-being of Future Generations (Wales) Act 2015, and the Socio-economic duty, and delivering 'A Healthier Mid and West Wales'.

Working with our partner organisations on the Public Service Boards, and the Regional Partnership Board will be essential to this work.

## Plan: What are we going to do in the next three years

- Develop a Health Board wide, systematic approach to improving equity in health with strong governance and an agreed equity framework.
- Work to reduce inequalities in health by participating in local poverty prevention partnership groups.
- Provide evidence-based Public Health support to the RPB, PSBs and delivery groups to ensure Well-being Plan objectives are developed into actions to reduce health inequalities and address the wider determinants of health.
- To embed the ethos of the 'Social Model for Health and Well-being' (SMfHWB) throughout the Health Board and within partnership programmes.
- To work with Health and Social Care providers, such as *Care and Repair* to identify public health interventions in housing such as the Warm Homes NEST project and links between agencies to assist those most in need and vulnerable.

## Future: Long-term vision and ambition

Our aspiration is to work with our strategic partners in the region and nationally to further expand implementation of health improvement interventions. We will do this by strengthening the shift to preventative approaches which aim to reduce the gap in healthy life expectancy.



### Appendix 1: Key Health Metrics in Hywel Dda University Health Board

